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APPLICANTS

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** CONTINUING DATA ***** *CAP*
 ——— *NOTE* ———

** FOREIGN APPLICATIONS ***** *CAP*
 ——— *NOTE* ———

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 02/21/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 12	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged *Chen* Examiner's Signature *Sammy* Initials

ADDRESS

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TITLE

Multi pumping chamber magnetostrictive pump

FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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